

P11000010775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

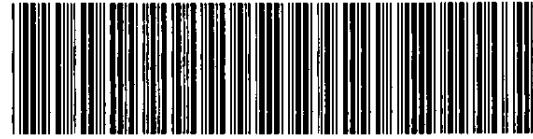
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JAN 31 PM 4:41
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

08 FEB 1 2011

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: I@s Enterprises Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Annayahinda Gil

Name (Printed or typed)

1591 west Fairway Rd

Address

Pembroke Pines, FL 33026

City, State & Zip

(754) 2046146

Daytime Telephone number

iasenterprises27@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME I@s Enterprises Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1591 west Fairway Rd
Pembroke Pines, Fl 33026
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful Business

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100


ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Director Annayahinda Gil</u>	Name and Title: _____
Address: <u>1591 west Fairway Rd</u>	Address: _____
<u>Pembroke Pines, Fl 33026</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Annayahinda Gil
Address: 1591 West Fairway Rd
Pembroke Pines, Fl 33026

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Yertys Pacheco
Address: 1591 west Fairway Rd
Pembroke Pines, Fl 33026

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Required Signature/Registered Agent
Date: 01/24/2011

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator
Date: 01/24/2011